7650 07636

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East. LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boyds Wharf.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location) Cherry.

3. NAME OF DECEASED: (First) JAMES (Middle) John (Last) BERNHARD
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Single	4-20-1944	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: School Boy
11. BIRTHPLACE (State or foreign country): North East Md U S A
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James John Bernhard
14. MOTHER'S MAIDEN NAME: Catherine L. Raine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James John Bernhard North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
850 X
Immediate cause (a) Drowned. — Interval between onset and death:
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) N.E. River
21c. (City or town) North East (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 8 (Day) 30 (Year) 55 (Hour) 3-4 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell off boat into river

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. C. Woodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/30-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 3 1955	Blue Church	Blue Church Lehigh Co Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 1-55	Sarah E. Rothermel	Joseph R. Grant	North East Md

VS. A15A - 5 - 53

7634 07637

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY in this place 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 221 W. High St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS 221 W. High (If rural, give location)

3. NAME OF DECEASED: (First) CLARENCE (Middle) HENRY (Last) BIDDLE
4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last Birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Married	11-8-1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Elkton Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Biddle	Mary Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	213-09-9055	H Walter Dubore. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
420.1
Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Ellsworth M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/26-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/29/55	Elkton Cemetery	Elkton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 29	H R Frazer	H Walter Du Bore, Jr.	Elkton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07638

7651 CERTIFICATE OF DEATH Reg. Dist. No. 9L

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 N. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) 75 N. Main

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) Moore (Last) Blackburn

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 3, 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Meat Products

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Blackburn

14. MOTHER'S MAIDEN NAME: Mary R. Ferguson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-01-7980

17. INFORMANT & ADDRESS: Mary V. Blackburn, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocard. Ins. Interval Between Onset And Death: 6 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Thrombosis 12 hrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Aug 20, 1955, that I last saw the deceased alive on Aug 20, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-23-1955 NAME OF CEMETERY OR CREMATORY Hopewell LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR 8-23-1955 REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS Wm. A. Patterson & Son, Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07639

7635 **CERTIFICATE OF DEATH** Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Principio Furnace
STREET ADDRESS (If rural give location) x

3. NAME OF DECEASED: (Type or Print) (First) Louella (Middle) (Last) Blackson

4. DATE OF DEATH: (Month) (Day) (Year) Aug 23 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: July 17, 1874
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former Wife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Stricker
14. MOTHER'S MAIDEN NAME: Elizabeth Stricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT & ADDRESS: Pride F. Blackson, Elkton, Md. R.D. 4.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Cardio renal vascular — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of stomach — 6 mos

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6/10/55
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1955, to 8/23, 1955, that I last saw the deceased alive on 8/23, 1955, and that death occurred at 11:15 A M, from the causes and on the date stated above.

SIGNATURE J. Herbert Bobb M. D. ADDRESS Elkton Md DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL: (SPECIFY) Burial
DATE THEREOF 8-26-1955
NAME OF CEMETERY OR CREMATORY Principio
LOCATION (City, town, or county) (State) Principio Furnace, Md

DATE REC'D BY LOCAL REGISTRAR Aug 24
REGISTRAR'S SIGNATURE A R Brazier
24. FUNERAL DIRECTOR ADDRESS Neva Patterson & Son, Perryville, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Dr. Krei

07640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7636 **CERTIFICATE OF DEATH**

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital 165

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton X
STREET ADDRESS (If rural, give location): R. D. # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elijah	B.	Bowman	8	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Wh.	Married	May 19, 1882	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Miner	Coal Mines	Va	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mathew Bowman	Allie Pack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	234-36-7955	James W. Bowman R.F.D. #1 Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
416X Immediate cause	(a) Acute Coronary Recurrent	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Pancarditis	15 yrs
	(c) Arteriosclerosis	10-15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 July, 1953, to 8 July, 1953, that I last saw the deceased alive on 8 July, 1953, and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George Myers, Jr		Elkton, Md	August 10 July 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/12/53	Gilpin Manor Memo. Pk.	R.D. Elkton, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10	E R Brazier	Pippin Funeral Home Per W A Lusby	259 E Main St. Elkton, Md.

7637

07641

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) allegi
HOSPITAL OR INSTITUTION OR STREET ADDRESS 256 W High

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 256 W High

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WALTER	R. Edward	BROWN	8	29	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Married	8-5-1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Operator	Machine	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John W. Brown	Mary E Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT'S ADDRESS:
no —	213-05-3448	Madline Brown 256 W High St Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 973.1

Immediate cause (a) Carbon Monoxide Poisoning DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) Elkton	(County) Cecil	(State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
8 29 55 A.M.		attached Hose to Car Exhaust.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-1-1955	Cherry Hill Methodist	Elkton Rd Cecil Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 30	F R Frazier	Joseph R Grant	North East Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07642

7638 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 18 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Dennis Haven Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R. F. D. Elkton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) LOLA (Last) CASE

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: March 10, 1897 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Felton, Del
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Goldsborough Markes
14. MOTHER'S MAIDEN NAME: Susan Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: James Case Elkton R.F.D. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebro-vascular Accident — 1 year

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1955, to Aug 30, 1955, that I last saw the deceased alive on Aug 30, 1955, and that death occurred at 4:25 P M, from the causes and on the date stated above.

SIGNATURE Wallace Olenslain M. D. ADDRESS Cecilton Md DATE SIGNED Aug 31 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 2 1955
NAME OF CEMETERY OR CREMATORY Barretts Chapel
LOCATION (City, town, or county) (State) Milford, Del

DATE REC'D BY LOCAL REGISTRAR Sept 2
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Peppers Funeral Home
ADDRESS Elkton, Md

D.B.F.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

7639 07643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY New Castle
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wilmington R.F.D. 3
STREET ADDRESS (If rural, give location) 737 E. 26 St.

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) F (Last) COULBOURNE

4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Married	12-27-1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Retired	Maryland.	U.S.A.

13. FATHER'S NAME: Eugene Coulbourne

14. MOTHER'S MAIDEN NAME: No record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		216-12-7127	Bertie L. Coulbourne 737 W. 26 St Wilmington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Acute Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Woodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 17 1955	Grace Lawn Mem. Pk.	Frankford, Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 15	H R Stager	Albert J. McCrery	Millsboro, Del

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07644

7652

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X North East
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 -

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East X
STREET ADDRESS (If rural give location) - 1

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) (Last) Deamond

4. DATE OF DEATH: (Month) (Day) (Year) August 17 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept. 26 1872
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Lilley
14. MOTHER'S MAIDEN NAME: Mc Dowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Ralph D Deamond North East, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Chronic myocarditis.	5 yrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Diabetes Mellitus	5 yrs.
	DUE TO	
	(C) -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -		

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Aug 17, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 6.15 a M, from the causes and on the date stated above.

SIGNATURE [signature] M. D.
ADDRESS Elkton Md
DATE SIGNED Aug 19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF August 20 55
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East, Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR aug 18-1955
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R Grant
ADDRESS North East, Maryland

Annie Denney

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7640 07645

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Darine Haven

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton X
STREET ADDRESS (If rural give location) R.F.D. #1 /

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) H. (Last) DENNEY

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 20, 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Denney

14. MOTHER'S MAIDEN NAME: Lydia Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Alvin M. Denney 4820 Warrington Ave. Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Carcinoma of Cervix with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 1yrs.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) —

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ —

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept, 1954, to 19 Aug, 1955, that I last saw the deceased alive on 19 Aug, 1955, and that death occurred at 1:07 P.M, from the causes and on the date stated above.

SIGNATURE Klaus H. Hueber M. D. ADDRESS No. 4th E. of Rd DATE SIGNED 20 Aug '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/22/1955

NAME OF CEMETERY OR CREMATORY Lake Side Cemetery

LOCATION (City, town, or county) (State) Dover Del.

DATE REC'D BY LOCAL REGISTRAR Aug 22

REGISTRAR'S SIGNATURE J R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS 259 E. Main St. Elkton, Md. W. Ahrensby

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7653 07646

Item 9, Film 186 9-8-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle East Rural
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenmore R.D.
STREET ADDRESS (If rural, give location) 75 X-3

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) L (Last) DEVINE

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married | 8. DATE OF BIRTH: 1-4 1911 | 9. AGE last birthday: 44 40 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Woodcutter | 10b. KIND OF BUSINESS OR INDUSTRY: Auto | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A Devine | 14. MOTHER'S MAIDEN NAME: Mary Woodward Glenmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes WW II | 16. SOCIAL SECURITY NO.: 161-12-5177 | 17. INFORMANT & ADDRESS: Catherine M. Devine, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowned. — Interval between onset and death: 929.8

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY At Farm | 21c. (City or town) North East (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 8 (Day) 26 (Year) 55 (Hour) 6:00 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Was swimming & drowned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. E. Woodrow M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/1/55 | NAME OF CEMETERY OR CREMATORY Bridgeville Cemetery | LOCATION (City, town, or county) Lancaster County (State) Penn.

DATE REC'D BY LOCAL REG. 8-29-55 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR Joseph R. Grant | ADDRESS North East Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07648

7641 **CERTIFICATE OF DEATH** Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY N.C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilm. 46X-3
STREET ADDRESS (If rural give location) 1229 Claymont St. ✓

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) GILLIGAN

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-16-1888

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: John Walls

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Gilligan - 102 E. 26th St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
260X IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	5 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertensive Arteriosclerotic Dis	5-10 yrs
	DUE TO	
	(C) Diabetes Mellitus	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	G.U. Infection	1 Month

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1955, to Aug, 1955, that I last saw the deceased alive on 2 Aug, 1955, and that death occurred at 5:20 P M, from the causes and on the date stated above.

SIGNATURE George J. Knerr, Jr. M. D. ADDRESS Elkton Md DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 8-6-55 NAME OF CEMETERY OR CREMATORY Cathedral LOCATION (City, town, or county) Wilm. (State) Del

DATE REC'D BY LOCAL REGISTRAR Aug 4 REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR Coffin Funeral Home ADDRESS Elkton Md W. A. Eisley

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07649

7654

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 1yr.11mo.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 957 Bennett Place

3. NAME OF DECEASED: (First) LOUIS (Middle) O. (Last) GROSS

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-15-86

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Gross

14. MOTHER'S MAIDEN NAME: Kizziah Gantt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 219 01 9151

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

IMMEDIATE CAUSE (A) Bronchial pneumonia, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 or 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic brain syndrome associated with cerebral arteriosclerosis — Approx. 5 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1953 to 8-17, 1955, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 11:35 M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8-19-55 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8-19-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS George G. Kelson Fun. Home, Baltimore, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

07650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7655

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN: Perry Point
LENGTH OF STAY (in this place): 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1122 Ave. C

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: New York — COUNTY: Suffolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Northport, Long Island
07X1
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Viola (Last) Haff

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 11, 1878

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Lee

14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Winifred Kolhoff, 1122 C Ave. Perry Pt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 334X
(a) Cerebral Sclerosis — DUE TO — Interval Between Onset And Death: 6 month.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteri-Sclerosis — DUE TO — 5 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1954 to Aug. 9, 1955, that I last saw the deceased alive on Aug 9, 1955, and that death occurred at 9.15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): C. E. Hanson M. D.
ADDRESS: Port Deposit, Md.
DATE SIGNED: 8-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 12, 1955
NAME OF CEMETERY OR CREMATORY: Amity ville
LOCATION (City, town, or county) (State): Amityville, N.Y.

DATE REC'D BY LOCAL REGISTRAR: Aug. 10, 1955
REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Kuna, Patterson & Son, Perryville, Md.
ADDRESS:

7656

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07651 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural 21/2 m. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MACE (Middle) (Last) HALL

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-13-1870

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Boonsville Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Hall.

14. MOTHER'S MAIDEN NAME: Susie Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-07-5246

17. INFORMANT & ADDRESS: Manie Hall. North East Md. / Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

420.1
Immediate cause (a) Acute Coronary Occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L E Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8/24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 27-55	Bay View Methodist	North East Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-27-55	Sarah E. Rothermel	Joseph R Grant	North East Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07652

7642

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 230 W. High St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Hitchens

4. DATE OF DEATH (Month) Aug. (Day) 13th (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 22-1888
9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Foundry
10B. KIND OF BUSINESS OR INDUSTRY: Molder
11. BIRTHPLACE (State or foreign country): Elkton - Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Benjamin Hitchens
14. MOTHER'S MAIDEN NAME: Annie McGeady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 197-10-0526
17. INFORMANT & ADDRESS: Margaret B. Hitchens - widow

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
IMMEDIATE CAUSE (A) Cancer of right lung — INTERVAL BETWEEN ONSET AND DEATH: about 5 mos.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO with Metastatis of intestines
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1955 to Aug 13, 1955 that I last saw the deceased alive on Aug 12, 1955 and that death occurred at 9:30 M, from the causes and on the date stated above.
SIGNATURE AND M.D. F. H. McKnight ADDRESS Elkton - Maryland DATE SIGNED Aug 13-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 16, 1955
NAME OF CEMETERY OR CREMATORY: Immaculate Conception
LOCATION (City, town, or county) (State): Nr. Elkton, Md

DATE REC'D BY LOCAL REGISTRAR: Aug 15
REGISTRAR'S SIGNATURE: H B Frazer
24. FUNERAL DIRECTOR: Pepper Funeral Home ADDRESS: Elkton, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7643

07653 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 15 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (Last) HOLLAND

4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1965

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 6-19-1915

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Meekins

14. MOTHER'S MAIDEN NAME: Agnes Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Andrew Meekins North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260X

Immediate cause (a) Diabetic Coma.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acidosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/26-65

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-29-1965

NAME OF CEMETERY OR CREMATORY North East Methodist

LOCATION (City, town, or county) (State) North East, Md

DATE REC'D BY LOCAL REG. Aug 27

REGISTRAR'S SIGNATURE J R Singer

24. FUNERAL DIRECTOR Reese Patterson & Son, Perryville Md.

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07654

7657

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 1701 Trinidad Ave., N.E. √

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) A. (Last) HOLLE

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-17-72

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Holle

14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) S.A.W.

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1947
IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral, unresolved — 3 to 5 days

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Adenocarcinoma of thyroid gland with metastasis to the lungs and bone — unknown
DUE TO (C) Agenesis, left kidney, congenital — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized moderate — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9, 1955, to 8-29, 1955, and that death occurred at 3:35P M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 8-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-30-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-30-55
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR ADDRESS Nally Funeral Home, Inc. Mt. Rainier, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

7658

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (Reg. Dist.) 07655

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chesapeake City

LENGTH OF STAY (in this place) 30. minutes

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Del. COUNTY New Castle

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wilmington 46 X-3

STREET ADDRESS (If rural, give location) 114 W. 19th

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Howard (Last) Hudson

4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	7-24-1920	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Electric. Hose	Hudson, Del.	U.S.A.

13. FATHER'S NAME: Richard Hudson

14. MOTHER'S MAIDEN NAME: Myrtle Veasey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes	W.W.2	7-24-9443	Geo. E. Veasey, Georgetown. Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8

Immediate cause (a) Drowned — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY C&D Canal	21c. (City or town) Chesapeake City (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 8 (Day) 14 (Year) 55 (Hour) 3 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Fell into the C&D Canal

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Raleigh Odson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-17-55	Beaver Damm Cemetery	Harbeson Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16-1955	Jno Ratfish H Reg	Peppin Funeral Home D.F.D.	Elkton, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07656

CERTIFICATE OF DEATH

7659 Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X PERRY POINT
LENGTH OF STAY (in this place) 6yrs.10mo.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON 47X-3
STREET ADDRESS (If rural give location) 210 Rhode Island Avenue N.E. ✓

3. NAME OF DECEASED: (First) GEORGE (Middle) H. (Last) JARBOE

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: October 18,1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10B. KIND OF BUSINESS OR INDUSTRY: Unkown
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE JARBOE
14. MOTHER'S MAIDEN NAME: MARTHA LACEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records,VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

543X IMMEDIATE CAUSE (A) Peritonitis, acute, diffuse. — 4 - 5 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Wound of gastroduodenostomy, operative, disruption of. — Unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, moderate. — Unknown

19A. DATE OF OPERATION: 7-29-55
19B. MAJOR FINDINGS OF OPERATION: Subtotal gastrectomy
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 9-30-[illegible], 19[illegible], to Aug. 6th, 19 55, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 1:00 A.M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, M.D. ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 8-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 8-7-55
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Ft. Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR 8-9-55
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre DeGrace, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Bates

7641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07657

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Darine Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
STREET ADDRESS (If rural, give location) 258 W. Main St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Josephine	K	Jeffers	8	22	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Wh	Widowed	8-9-1873	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	House Work	Philadelphia Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Stark	Mary Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Joseph H Knox 258 W. Main St. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Pulmonary Edema — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1925, to 8/22, 1955, that I last saw the deceased alive on 8/22, 1955, and that death occurred at 11 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Herbert Bates M.D. — ADDRESS Elkton Md — DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/25/55	Immaculate Conception	R.D. Elkton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 25	H B Frazer	Pippin Funeral Home	Elkton, Md.

Per Wm A. Lusby

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07658

7645 CERTIFICATE OF DEATH Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Elkton
STREET ADDRESS (If rural give location) R. 4

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) (Last) JESSEN

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9-26-77
9. AGE last birthday 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Jacobsen
14. MOTHER'S MAIDEN NAME: Tressa Topp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Jesse C. Jessen R.D.#4 Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.3
IMMEDIATE CAUSE (A) Complete intestinal Obstruction — 2 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Intestinal Adhesion — unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Aug 1-1955
19B. MAJOR FINDINGS OF OPERATION: Volvulus due to adhesions Complete intestinal obstruction
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 2, 1955; that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 10:55 A M, from the causes and on the date stated above.
SIGNATURE Henry Davis M. D. ADDRESS Chesapeake City Md DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF Aug. 5/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Phila, Pa

DATE REC'D BY LOCAL REGISTRAR Aug 3
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR ADDRESS Pippin Funeral Home Elkton Md. Henry Pippin

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7660

07659 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit R.D. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location) 128-2

3. NAME OF DECEASED: (Type or Print) (First) Otho (Middle) Eugene (Last) Johnson

4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1955

5. SEX M. | 6. COLOR OR RACE: C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 6-7-1928 | 9. AGE Last birthday: 27 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired): Morrison Handler U.S.P.S. | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Stout Md. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHERS NAME: Benny Johnson. | 14. MOTHER'S MAIDEN NAME: Beula Lee.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Mrs Benny Johnson Street Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

929.8
Immediate cause (a) Drowned. — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Susquehanna River | 21c. (City or town) Port Deposit (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 8 (Day) 6 (Year) 55 (Hour) 5 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Was swimming & drowned.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. E. Dodson M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ | DATE SIGNED 8/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/9/55 | NAME OF CEMETERY OR CREMATORY Clarks Chapel cem. | LOCATION (City, town, or county) Clarks Chapel (State) Md.

DATE REC'D BY LOCAL REG. 8/7/55 | REGISTRAR'S SIGNATURE Irene E. Dougherty | 24. FUNERAL DIRECTOR Booker W. Veach | ADDRESS 134 Lexington St. Havre de Grace

VS. A15A - 5 - 53

17991
16072
1927
1222
705

8236
7253
983
239
1222

7661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07660

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Perryville
LENGTH OF STAY (In this place): 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OR

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun — X
STREET ADDRESS (If rural give location): 110 E. Main St. — 1

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) B. (Last) Keen

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 26, 1863

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Colora, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Street Brown

14. MOTHER'S MAIDEN NAME: Sara Mc Elevee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Paul Keen, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage (Paralysis) Rt Side — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arterio-Sclerosis — 10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955 to Aug 26 1955 that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: E. H. Broom (Degree or title) M.D. ADDRESS: Port Depot Md. DATE SIGNED: 8/28/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/30/55 | NAME OF CEMETERY OR CREMATORY: Brookview Cemetery | LOCATION (City, town, or county): Rising Sun, (State) Md.

DATE REC'D BY LOCAL REG.: 8/29/55 | REGISTRAR'S SIGNATURE: Irene E. Dougherty | **24. FUNERAL DIRECTOR** ADDRESS: Ralph M. Reed, Rising Sun, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07661

7662 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point, Md.
LENGTH OF STAY (in this place) 4yrs.10mo.14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick, 10-35.2
STREET ADDRESS (If rural give location) 317 E. Potomac ✓

3. NAME OF DECEASED: (Type or Print) (First) Jay (Middle) Wilroy (Last) Main

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: March 25, 1890
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Webster Main
14. MOTHER'S MAIDEN NAME: Harriet Belle Caskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X
(A) Heart Disease with atypical verrucous endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 to 7 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive cardiovascular disease — unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized, severe — unknown

19A. DATE OF OPERATION: 8-4-55
19B. MAJOR FINDINGS OF OPERATION: Open reduction fracture of right hip
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 10-7, 19 50 to 8-21, 19 55, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 10:40 M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-22-55
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) (State) Brunswick, Md.

DATE REC'D BY LOCAL REGISTRAR 8-22-55
REGISTRAR'S SIGNATURE Irene E. Dunglusty
24. FUNERAL DIRECTOR C.H. Keefe
ADDRESS C.H. Keefe Funeral Home, Brunswick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07662

7663

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 29yrs.8mo.14days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derry 75 X-S
STREET ADDRESS (If rural give location) 115 Second

3. NAME OF DECEASED: (Type or Print) (First) ISAAC (Middle) (Last) MANGUS

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 12-22-1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Mangus
14. MOTHER'S MAIDEN NAME: Caroline McWherter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 1 846 576
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X
IMMEDIATE CAUSE (A) Pneumonia, bronchial, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Azotemia — unknown
(C) Prostatic hypertrophy benign with obstruction and hydroureters bilateral & hydropelvis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1925 to 8-17, 1955, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 7:40p M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 8-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8-21-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-22-55
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md. ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07663

7664 # CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH

COUNTY Cecil — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Port Deposit

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Cecil

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit X

STREET ADDRESS (If rural, give location) 154 N. Main

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Murray

4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 55 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	7/3/1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Port Deposit, Md.	U. S. A.

13. FATHER'S NAME Josiah Murray

14. MOTHER'S MAIDEN NAME Mary Donnelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS Murray Port Deposit

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222 IMMEDIATE CAUSE (A) Myocard. Fx.

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 52, to Aug 3, 55, that I last saw the deceased alive on Aug 22, 55, and that death occurred at 12:05 PM, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS (Street, city, town, state) Box 70 Port Deposit Md DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/6/55	Mt. Ebron	Harmans Glade	Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
8/6/55	Irene E. Dempsey	[illegible]	Glade Cross, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7665

CERTIFICATE OF DEATH

Reg. Dist. No. 07664

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point; LENGTH OF STAY (in this place) 10yrs.2mo.9days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4; STREET ADDRESS (If rural give location) 551 S. Caton Avenue

3. NAME OF DECEASED: (First) OWEN (Middle) J. (Last) MURRAY

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 7-4-1892 | 9. AGE last birthday 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator | 10B. KIND OF BUSINESS OR INDUSTRY: Gas Station | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Murray | 14. MOTHER'S MAIDEN NAME: Anne Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 420.1	(A) Pneumonia bronchial, unresolved	3 to 4 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary sclerosis, severe	unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis generalized and cerebral, severe	unknown

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1945, to Aug. 10, 1955, that I last saw the deceased alive on ..... 19..., and that death occurred at 4:20A M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. | ADDRESS VAH, Perry Point, Md. | DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 8-13-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-15-55 | REGISTRAR'S SIGNATURE Irene E. Dunphy | 24. FUNERAL DIRECTOR Funeral Home, Havre de Grace, Md. | ADDRESS

4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07665

7666

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 1522 W. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) E. (Last) Murrill

4. DATE OF DEATH: (Month) 8 (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Div.

8. DATE OF BIRTH: 12-29-76

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Murrill

14. MOTHER'S MAIDEN NAME: Mattie Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
490X IMMEDIATE CAUSE	(A)	Pneumonia, lobar, left, unresolved.	3-5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Arteriosclerotic heart disease.	Unknown
	DUE TO (C)	Chronic Brain Syndrome with Psychosis associated with Arteriosclerosis.	Over 10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Atony of large bowel.	Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ...., 19...., to ...., 19...., that I last saw the deceased alive on ...., 19...., and that~~ death occurred at 8:00AM, from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D. Acting Chief: Prof. Services E. S. Ells, M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF Aug. 20, 1955

NAME OF CEMETERY OR CREMATORY St. Peter's Cem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1955

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Thomas J. Kenay Inc. ADDRESS Hollins & Gilmor 323

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07666

7667 CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 1 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood 12 X-2
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) H. (Last) NUTTALL SR.

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-18-96

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ammunition maker

10B. KIND OF BUSINESS OR INDUSTRY: Edgewood Arsenal

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Nuttall - Deceased

14. MOTHER'S MAIDEN NAME: Mamie Babcock - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220 20 7103

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) Pneumonia, bronchial, (following operation) — INTERVAL BETWEEN ONSET AND DEATH: 4 to 5 days

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Sclerosis, severe — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, generalized, moderately severe — unknown

19A. DATE OF OPERATION: 8-22-55

19B. MAJOR FINDINGS OF OPERATION: Lumbar Sympathectomy

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1955, to 8-30, 1955, and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M. D. — ADDRESS VAH, Perry Point, Md. — DATE SIGNED 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8-31-55 — NAME OF CEMETERY OR CREMATORY Memorial Gardens — LOCATION (City, town, or county) (State) Belair, Md.

DATE REC'D BY LOCAL REGISTRAR 8-31-55 — REGISTRAR'S SIGNATURE Irene E. Murphy

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7668 **CERTIFICATE OF DEATH** Reg. Dist. No. 07667

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perryville
LENGTH OF STAY (in this place) 2mo.28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 247 Mackall Street 21

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) (Last) Overmiller

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 11-30-97

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Mtl wkr

10B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Shop

11. BIRTHPLACE (State or foreign country): York, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael J. Overmiller

14. MOTHER'S MAIDEN NAME: Mary J. Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 219-10-8701

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6-9-55

19B. MAJOR FINDINGS OF OPERATION: Carcinoma, middle third of the esophagus

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2, 1955, to 8-30, 1955, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE W. Oppler ADDRESS DATE SIGNED

W. OPPLER, Chief, Professional Services M.D. VAH, Perry Point, Md. 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 8-31-55 | NAME OF CEMETERY OR CREMATORY Mt. Olive | LOCATION (City, town, or county) (State) Hanover, Pa.

DATE REC'D BY LOCAL REGISTRAR 8-31-55 | REGISTRAR'S SIGNATURE Irene E. Daugherty | 24. FUNERAL DIRECTOR & ADDRESS Pippin Funeral Home, Elkton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07668

7669 **CERTIFICATE OF DEATH**

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Colton
LENGTH OF STAY (in this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coulton X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) LEE (Last) PHILLIPS

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 12 1893

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patent Medicine Drug Store owner

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E. Phillips

14. MOTHER'S MAIDEN NAME: Sallie C Twilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-2032

17. INFORMANT & ADDRESS: Mrs Bessie Phillips Coulton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 IMMEDIATE CAUSE (A) Massive myocardial infarction — 10 min

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Occlusion — 10 min

DUE TO (C) Arteriosclerotic Heart Disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Long illness including cardiopexy operation

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Aug., 1955, that I last saw the deceased alive on August 17, 1955, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE Wallace O Kenshain M. D. ADDRESS Cecilton, Md DATE SIGNED 18 Aug 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF aug 21 1955 — NAME OF CEMETERY OR CREMATORY Green Lawn Cem. — LOCATION (City, town, or county) Cambridge (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/9-1955 — REGISTRAR'S SIGNATURE Iona Baldwin H Rec

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Washington Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07669

7646

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED: (First) SUSAN (Middle) DIANE (Last) Price

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1955

5. SEX: Female. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE 8. DATE OF BIRTH: Aug. 22, 1955 9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours 2 Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Price
14. MOTHER'S MAIDEN NAME: Margaret Sherman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: William Price Chesapeake City R.D. #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Premature —

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) due to maternal —

DUE TO (C) marginal placenta

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1955 to Aug 29, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at 2:10 a. M, from the causes and on the date stated above.

SIGNATURE Richard H. Spreche M.D. ADDRESS Elkton, Md DATE SIGNED Aug 29, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF aug 30, 1955
NAME OF CEMETERY OR CREMATORY Hackney Grove
LOCATION (City, town, or county) (State) Port Penn Del.

DATE REC'D BY LOCAL REGISTRAR Aug 30
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Pepper's Funeral Home ADDRESS Elkton Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

20852673 62
VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07670

Items 9, 14 See: Birth Cert. 7647

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20853162261

1. PLACE OF STILLBIRTH Death
County Cecil Maryland.
City or town (If outside city or town limits write "RURAL" and nearest town) 21 Elkton
Street address, hospital, or institution 65 Union Hospital
Length of mother's stay in this County (Give years, or months, or days)

2. USUAL RESIDENCE OF MOTHER:
State Delaware
County New Castle 46x-3
City or town (If outside city or town limits write "RURAL" and nearest town) Newark
Street Address 315 Ashley Rd ✓

3. CHILD'S NAME (First) Baby (Middle) (Last) Pullen

4. Sex: Female | 5. Twin or other | If so-born 1st, 2nd, 3rd |

6. DATE OF BIRTH (Month, Write Out) (Day) (Year): Death August 21 1955

FATHER OF CHILD

7. Full Name Charles Nelson Pullen

8. Color or race White

9. Age at time of this birth 32 yrs.

10. Birthplace (State or foreign country) Tenn.

11. Usual occupation Auto Work

Kind of industry or business Chrysler Newark D.

MOTHER OF CHILD

12. Full maiden name Mildred Louise Poore

13. Color or race White

14. Age at time of this birth 31 yrs.

15. Birthplace (State or foreign country) Tenn

16. Number of OTHER children born to mother (Do NOT include this child)

Now living	Born alive but now dead	Born dead	Total Children (Not including this child)
3	0	4	3

17. Length of pregnancy: 26 weeks

Weight of child at birth: 2 lbs. 7 oz.

18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

(a) Fetal causes 39.5 Prematurity

(b) Maternal causes 32.5 Endometritis

19. State any complications of pregnancy and labor

20. State all operations for delivery Spontaneous

Burial, Cremation, Removal, (Specify) Burial Date 8/23/55

Cemetery or Crematory: Elkton Cemetery
Location

Funeral Director H. Walter du Bois, Jr.

21. I hereby certify that this child was born ~~dead~~ on the date stated above at 2:55 P m and died at 4:33 PM

Signature George Kenney M.D.
Physician ☑ Midwife ☐ Other ☐

Address Elkton, Md Date signed 8/22/55

Date rec'd by local Reg. Aug 23

Registrar's signature H B Frazier

If NOT attended by Physician

"The above certificate has been examined by me"

Health Officer, per

MARYLAND STATE DEPARTMENT OF HEALTH

07671

7670

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

Item 8, Film G186 9-16-55 et

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil Co. Md. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Warwick Md. LENGTH OF STAY (in this place) 23 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS Warwick Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Otho (Last) Raison	4. DATE OF DEATH (Month) May (Day) 21 (Year) 1955							
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH (Month, Day, Year) Oct 1 1876	9. AGE last birthday 78 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Cecil Co. Md.	12. CITIZEN OF WHAT COUNTRY? U. S.					
13. FATHER'S NAME James Alford Raison	14. MOTHER'S MAIDEN NAME Unknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-14-3222	17. INFORMANT Viola Raison Warwick Md.						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-sclerosis with cardiac heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 15, 1953, to Aug 11, 1955, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. Harry L. Hoch		104 S. Broad St. Middletown, Del.	8-23-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 26 1955	Cecilton Cem.	Cecilton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 25 1955	Mrs Ralph A. Reed	Edw R Bell & Son	Port Deposit Md

Wed

VS. A15

7671

07672 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Port Deposit Rd 2 mile
LENGTH OF STAY On this place
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3 V 0 1 - 4
STREET ADDRESS 701 Cathedral (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) (Last) RAWLINGS

4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Single

8. DATE OF BIRTH: aug 13 - 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Prin of school

11. BIRTHPLACE (State or foreign country): Port Deposit Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert K Rawlings

14. MOTHER'S MAIDEN NAME: Sarah D Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Rawlings Port Deposit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R le Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-14-1955

NAME OF CEMETERY OR CREMATORY Hopewell

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. 8-13-1955

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son Perryville, Md.

Dr. Johnson
Newark, Del.

7672

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07673

Reg. Dist. No. 9V

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Elkton, R.D. 3
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 113 Church St. 21 1

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) Margaret (Last) Reynolds
4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1955
5. SEX: F
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 10, 1867
9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fulton
14. MOTHER'S MAIDEN NAME: McCallaster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Hollace Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1517
Immediate cause (a) Massive intestinal + gastric hemorrhage — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) stomach, carcinoma of. — ?
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6/55, 19....., to 8/8/55, 19....., that I last saw the deceased alive on 8/8/55, 19....., and that death occurred at 5 51 A.M., from the causes and on the date stated above.

SIGNATURE: Hallace and Johnson M.D. (Degree or title) ADDRESS: Newark Del. DATE SIGNED: 8/10/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/11/1955
NAME OF CEMETERY OR CREMATORY: West Nottingham Cemetery
LOCATION (City, town, or county) (State): Colora Md.

DATE REC'D BY LOCAL REG.: Aug 10
REGISTRAR'S SIGNATURE: H R Frazer
24. FUNERAL DIRECTOR: Pippin Funeral Home
ADDRESS: 259 E. Main St. Elkton, Md.
Per W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7648

CERTIFICATE OF DEATH

07674

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton R.F.D. #3
STREET ADDRESS (If rural give location) near Blake

3. NAME OF DECEASED: (First) Walter (Middle) Reynolds (Last) Scott

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 16, 1915

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Elkton R.D. #3

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cecil Scott

14. MOTHER'S MAIDEN NAME: Florence MacKinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-28-0829

17. INFORMANT & ADDRESS: Vianna Mackey, Elkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7544
IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Congenital Heart Disease - Aortic Stenosis — 39 yrs.?
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 Aug, 1955, to 9 Aug, 1955, that I last saw the deceased alive on 9 Aug, 1955, and that death occurred at 9:20 A.M. from the causes and on the date stated above.

SIGNATURE Hans H. Hunter M.D. ADDRESS North East Rd DATE SIGNED 9 Aug '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/12/55 — NAME OF CEMETERY OR CREMATORY Rosebank — LOCATION (City, town, or county) (State) Calvert, Md

DATE REC'D BY LOCAL REGISTRAR Aug 10 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Ralph McReed ADDRESS Rising Sun, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07675

7673

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - JOPPA 12 X. 2
STREET ADDRESS (If rural give location) RFD#1, Box 66 ✓

3. NAME OF DECEASED: (Type or Print) (First) ERBIN (Middle) H. (Last) SOLOMON

4. DATE OF DEATH: (Month) August (Day) 7, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 11, 1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent

10B. KIND OF BUSINESS OR INDUSTRY: Toxic Gas Yard, Army Chemical Center

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM D. SOLOMON

14. MOTHER'S MAIDEN NAME: LYDIA RADER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary thrombosis — 2 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 5, 1955, to Aug. 7, 1955, ~~that I last saw the deceased~~ alive ~~on~~ ~~19~~, and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE W. M. HARRIS, M.D. ADDRESS Acting, Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 8-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal Burial — DATE THEREOF 8-7-55 — NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. — LOCATION (City, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 6-7-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR Robert J. Strach ADDRESS 7401 Belair Rd., LASSAHN FUNERAL HOME Baltimore 6, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07676

7674 CERTIFICATE OF DEATH Reg. Dist. No. 9/

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cecilton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) TAYLOR

4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1955

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH: June 2, 1869 | 9. AGE last birthday 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecilton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Taylor
14. MOTHER'S MAIDEN NAME: Laura Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-14-8712
17. INFORMANT & ADDRESS: Doris Taylor - Cecilton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X IMMEDIATE CAUSE (A) Malnutrition — 4 mos

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of Stomach — 8 mos
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1955, to Aug 14, 1955, that I last saw the deceased alive on Aug 12 at 10 am, 1955, and that death occurred at 00 10 AM, from the causes and on the date stated above.

SIGNATURE Aug 14 Wallace Oldenkamp M. D. ADDRESS Cecilton DATE SIGNED Aug 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 16, 1955
NAME OF CEMETERY OR CREMATORY Cecilton Cem.
LOCATION (City, town, or county) (State) Cecilton, Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 16-1955
REGISTRAR'S SIGNATURE Mrs Ralph H Bell
24. FUNERAL DIRECTOR Edward Fellows
ADDRESS Millington, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

7649 07677

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 21 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 261 E Main St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 261 E Main St

3. NAME OF DECEASED (Type or Print): (First) Bessie Gray Tayler (Middle) (Last) THOMSON

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 11, 1866

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Henry Tayler

14. MOTHER'S MAIDEN NAME: Anna Pauli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr F. Dupont Thomson, Elkton Md. 261 E Main St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) advanced arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hosp.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 10, 1955, that I last saw the deceased alive on Aug 10, 1955, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Ford H. Boucher M D — ADDRESS: Elkton Md. — DATE SIGNED: Aug. 13-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/13/55 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Aug 13 — REGISTRAR'S SIGNATURE: H. Frazer

24. FUNERAL DIRECTOR: Pippin Funeral Home — ADDRESS: 259 E Main St Elkton, Md.